

April 11, 2005

Montana Medicaid Notice

Dental, Denturist, FQHC, IHS, Oral Surgeons and Hospital Providers

Dental Program Coverage Changes

Effective July 1, 2005 Montana Medicaid will make coverage changes in the Dental Program.

Effective July 1, 2005 date of service, the following CDT 2005 codes will be covered. Check the July 1, 2005 fee schedule and the July 1, 2005 updated *Dental and Denturist Services* provider manual at the provider website <http://www.mtmedicaid.org> for service limits and age restrictions.

- D2712 Crown ¾ resin - based composite
- D2794 Crown - titanium
- D5225 Maxillary partial denture – flexible base
- D5226 Mandibular partial denture – flexible base
- D6205 Crown - indirect resin based composite
- D6214 Pontic - titanium
- D6710 Crown - indirect resin based composite
- D6794 Crown - titanium
- D7321 Alveoloplasty not in conjunction with extractions
- D7511 Incision and drainage of abscess - intraoral
- D7521 Incision and drainage of abscess - extraoral

Effective July 1, 2005 date of service, the following CDT 2005 codes will be not be covered because these CDT 2004 codes are not CDT 2005 codes.

- D2970 ep Temporary crown (fractured tooth)
- D7281 ep Surgical exposure of impacted or unerupted tooth to aid eruption

Contact Information

If you have questions please visit the provider website <http://www.mtmedicaid.org>, call ACS Provider Relations at 800-624-3958, or Jo Thompson, Dental Program Manager at (406) 444-3182.